

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John L Barnes # 336-955
 Warren Crt. Inst.
 P.O. Box 120
 Lebanon, Ohio 45036

2. Article Number

(Transfer from service label)

7001 2510 0008 6348 9329

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. L. Barnes*

Agent
 Addressee

B. Received by (Printed Name)

James Nunke

C. Date of Delivery

11/26/03

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509